CHAPTER 22

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CLAIM

On Accoun	t of Appropriation for	To Address	Dr.
		IUST SHOW, KIND OF SERVICE, WHERE PERFORMED, DATES SERVICER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER POUND	
DATE	ORDER NO.	ITEMIZED CLAIM	DOLLARS CTS.
I hereb		nalties of Chapter 155, Acts of 1953. s just and correct, that the amount claimed is legally due, afte been paid.	er allowing all just
		(SIGNATURE OF CLAI	IMANT)
Date	,		TITLE

CLAIM NO WARRANT NO		ed the within claim and hereby	
IN FAVOR OF	certify as follows: That it is in proper fo That it is duly authen	rm. ticated as required by law.	
	That it is based upon	Contract Statutory Authority	
\$	That it is apparently	correct	
ON ACCOUNT OF APPROPRIATION	Signature		Title
ALLOWED,	Date	I certify that the within bill is true and correct; that the supplies and materials therein itemized and for which charge was made were ordered by me and were necessary to the public business; that each and every item has beer delivered to me and was in accordance with contract, except:	

ACOUNTS PAYABLE VOUCHER

	Payee	Purchase Order No.	
		Terms	
		Date Due	
Invoice Date	Invoice Number	Description (or note attached invoice(s) or bill(s))	Amount
		21/1	
		ned invoice(s), or bill(s), is (are) true and correct and that the mate e ordered and received except	erials or services
	,	Signature	Title
I hereby ce n IC 5-11-10-1		(s), or bill(s), is (are) true and correct and I have audited same in a	accordance
	-	Clerk-Treasurer	

VOUCHER NO.	WARRANT NO.				
			ALLOWE <u>D</u>	IN THE SUM OF \$	_ ,
ON AC	\$ CCOUNT OF APPROPRIA FOR	TION			
				Council Members	
	TRIBUTION LEDGER CLASSIF AID MOTOR VEHICLE HIGHW				
Acct. No.	Account Title	Amount			

Prescribed by State Board of Accounts

General Form No. 362 (Rev. 1987)

REPO	RT OF COLLECTIC	NS		
To				
(Title of Officer)				
(Governmental Unit)		(C	, Indiana	
Collections for Period,,	to		,	
Description	Fund to be Credited	Collections This Period	Prior Collections	Year to Date Collections
2 333				
Total Amount Collected				
I hereby certify that the foregabove named governmental unit for the period		ect report of co	llections due t	he
Dated thisd	lay of	.,		
NOTE				
This is not to be used as a receipt for collectic The official to whom the report is made must i an official receipt for the collections remitted.	 		(Signature)	
			(Title of Office	er)

Prescribed by State Board of Accounts

General Payroll Form No. 99 (Rev. 1993)

PAYROLL SCHEDULE AND VOUCHER

NOTE: Total hours or days to be paid shall equal the days or hours worked

		plus authorized leave to which an employee might be entitled by law and
	(Office, Board, Department or Institution)	under the leave policies established by the governing body. The "Days Los
For Period Beginning	, and Ending	column will apply only to salaried employees (not hourly) not entitled to pay for such days.

Page	of	Pages
		Fund

						DAYS O	R HOURS I	N PERI									0	DEDUCT							
									Other	Total									Insu	ırance	Retire	ement		A	
		Approp No.	С	Ī					Leave	Days or									С		С			Amount of Warrant	
		or	0						0	Hours	Rate			Fed.	Social		State	County			0			(Gross Pay)	
		Class		Noncash		Sick	Vacation	Lost	d Days	To Be	of					Medicare	W/H	W/H	d		d			Less	Warrant
	IAME OF EMPLOYEE	Title	е	Benefits	Worked	Leave	Leave	Days	e Hours	Paid	Pay	Gross Pay	Total	Tax	Tax	Tax	Tax	Tax	e A	mount	e Ar	mount		Deductions)	Number
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2.																									
3.																\wedge									
4.													-/	/											
5.												=	$^{\prime}$				\								
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15.																									
16.																									
·	Totals																								

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

REGULAR TIME AND OVERTIME

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

STATE OF INDIANA,		COUNT	
		Name	
	Title	No Agency	
hereby certify that I have examined the time record of which the salaries or compensation is paid: that to the divided or paid to any person on account of or by the I statutory or regulatory authority and is justly due each statutory or regulatory authority and is justly due each I Basic Pay	time record of each employee aid: that to the best of my kno it of or by the reason of his en Istly due each such employee he been approved.	hereby certify that I have examined the time record of each employee listed on Pages to of this payroll, that each employee has performed the services for which the salaries or compensation is paid: that to the best of my knowledge and belief no part of the salary or compensation or any employee listed hereon is being divided or paid to any person on account of or by the reason of his employment: that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each such employee: that the deductions have been authorized for the purpose stated: that this payroll totalling sasic Pay Basic Pay	e services for reon is being ssed upon either Il totalling
Dated		(Signature)	
I have examined the within claim and hereby certify as follows: This is in proper form. That it is duly authenticated as required by law.	areby certify as follows: by law.	(Official title)	
contract. That it is based upon { statutory authority.	nority.		
		Disbusina Officer	
(E		Total Gross Pay DEDUCTIONS Federal W/H Tax Social Security Tax Medicare Tax State W/H Tax CAGIT Insurance Retirement	Warrant No
Board of Commission	nts	(Fund)	toto (Inclusive)
1)	\$	Institution) \$	
	Total Gross Pay FILED		Appropriation or Account Title
			Approp. or Acct. No.
Official Title			Amount

Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

City or Town of					of			1							-1																			
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City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S OR CITY TREASURER'S DEPOSITORY STATEMENT AND CASH RECONCILEMENT

City or Town of				Mon	th of				-,						
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ADJUSTMENTS (explain fully)											+	\Box	_		
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TOTAL CASH BALANCE AND INVESTMENTS											\perp				

City or Town Form No. 212 (Rev. 1975) General Form No. 361 (Rev. 1975)

TREASURERS DAILY BALANCE OF CASH,

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INVESTMENTS - (Listed by Funds as Shown in Investment Register)		1		4				_			3		4_				4			5	—			6		_	_
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City or Town Form No. 212 (Rev. 1975) General Form No. 361 (Rev. 1975)

DEPOSITORIES AND INVESTMENTS

DATE _____, ____

		Column 1						Colur	nn 2	11
Cash on Hand Beginning of Day (Line 11, preceding page)	i i									T
Add Receipts for the Day (Line 1, Col. 2, opposite page)										
Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page)										
Totals										
Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page)										
Net Cash on Hand for which Accountable							人			
Cash on Hand Close of Day (Per Cash Count):						~	7	`		
Currency							\ V	\mathcal{F}		
Coins				Τ,	厂	$ abla \lambda$	L/,			
Checks and Money Orders				丌	Q	L\ 4	abla			
Total Cash on Hand Close of Day			\mathcal{A}	7,7	/ _ \	abla	Ž			
Deduct Advances for Cash Change Fund (If not included in Ledger Balances)		\sim	7, 7	JV,	4/ 4		YT			
Net Cash on Hand (After Deducting Advances)		7.7	\triangle''	12 4	$V \angle V$					
Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page)		Z]/ <i>[</i>	\sqrt{A}	1	\mathcal{N}					
Total Cash on Hand an in Depository		$\overline{\mathcal{A}}$	~ \ \	Y^-						
Add Cash Under		77c	Δľ							
Deduct Cash Over		٦Л								
Total		\prod								
Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page)										
Proof (Must equal Record Balance Close of Day, Line 3, Col. 6)										
INSTRUCTIONS:										
(1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investments ma										
(2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each day for	each deposite	ory af	fecte	d.						
(3) Lines 6A through 6J will reflect the transactions each day of investments for each fund affected.										
(4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on deposit,	, except for in	vestn	nents							
made from fund balances under (3) above.										
(5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in total.										
(6) Line 9 reflects the transactions in Totals-Depositories and Investments.										
(7) Line 2, Col. 3, reflects Investments Purchased from Ledger Balance-Cash Funds as a portion of the Disbu										
the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased from	n a fund it sha	all refl	ect							
Investment Purchased-Cost, Line 6A, Col. 3.										
(8) When any investments are cashed belonging to a certain fund, the amount shall be shown on line 2, Col. 5	5, and Line B	, Col.	5.							

purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear

on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.

PRESCRIBED BY STATE BOARD	OF ACCOUNTS						GENERAL FORM NO.	. 98 (REV. 1998)
		PUR	CHASE ORDER					
NOTE: NO CLAIM WILL BE APPI								
FOR PAYMENT UNLESS ORIGINA OF THIS ORDER OR THE P.O. NU		G	OVERNMENTAL UNIT			P.O. NO.		
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		LIGATED BALANCE IN THIS			G ON THIS ORD DER BY	ER MUST BE	ACCORDING TO PRICES SHOWN ABOVE	
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Prescribed by the State Board of Accounts									G	eneral Payroll I	orm No. 99A	(Rev. 1985)
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			RESS	, 141100)								ZIP CODE
Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month)		SOC	. SEC. 1	NO.				CLASSIFICA	TION			
Date of Birth:											T	
Normal Work Schedule *		OFFI	CE, BO	ARD OF	R DEPT.			BEGIN. DAT	TE EMPL.		LEAVE ACC	RUAL DATE
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^{*} EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

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Voucher No	Warrant No	I have examined the within claim and hereby certify as follows: That it is in proper form.
	IN FAVOR OF	That it is duly authenticated as required by law.
		That it is based upon statutory authority
		correct
		That it is apparently incorrect
	\$	Disbursing Officer
On Account of Appropri	iation No	for
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	in the sum of \$	I certify that the within bill itemized and for which charge is to the public business; and that to governing ordinances, except
		l is true and s made wather rate pot
		I certify that the within bill is true and correct; that the mileage therein itemized and for which charge is made was ordered by me and was necessary to the public business; and that the rate per mile is in accordance with statutes or governing ordinances, except
	(Board or Commission)	nat the mile by me and a accordant
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		nerein ecessan statute
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	(Official Title)	

Prescribed by State Board of Accounts

General Form No. 350

(Revised	1983)	

REGISTER	OF INI	/ESTMENTS
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Name of Unit

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

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FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS					GE	NERAL FORM	NO. 352 (REV. 1997)
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EMPLOYEE'S EARNINGS RECORD BASIS OF PAY (PER MONTH, WEEK, HOUR) MR., MRS., MISS _____ UNIT_ OTHER COMPENSATION TYPE ____ ADDRESS OFFICE, BOARD OR DEPARTMENT_ (SEE OTHER SIDE FOR INSTRUCTIONS) ZIP CODE ___ AMOUNT CITY AMOUNT EXEMPTION STATUS FEDERAL SOC. SEC. NO. FORM PRESCRIBED BY STATE BOARD OF ACCOUNTS General Payroll Form 99B (Rev. 1993) DATE PAYROLL DEDUCTIONS AMOUNT OF WARRANT NUMBER OF PERIOD NONCASH GROSS FEDERAL SOCIAL STATE COUNTY WARRANT ENDING BENEFITS PAY TOTAL WITH. TAX SECURITY MEDICARE WITH. TAX WITH. TAX INSURANCE RETIREMENT FORWARD 4 9 10 11 12 13 14 TOTAL 1ST QUARTER 4 9 10 11 12 13 14 TOTAL 2ND QUARTER TOTAL TO DATE

ACCOUNTS PAYABLE VOUCHER REGISTER

		Governmental Unit Agency		board should accounts paya for entering ac	appear only on the able vouchers are a ction on accounts p inued to a later me	final page of each allowed. (2) The Nayable vouchers if	Memorandum column is disallowed in whole or
For Period		, to	,			Page	of Page
DATE	State Board or A		OFFICE, DEPARTMENT	AMOUNT OF	AMOUNT	CHECK/ WARRANT	General Form No. 364 (1997) MEMORANDUM
FILED	NUMBER	NAME OF CLAIMANT	OR FUND	VOUCHER	ALLOWED	NUMBER	(See Note (2) Above)
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Jate this	day	of,						
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SIGNATURES OF GOVERNING BOARD

DATE		RETURNED WHEN YOU PAY. READING		BOARD OF ACCOUNTS FOR	
RECEIPT No	DATE	PRESENT	GAL. OR CU. FT.	WATER CHARGE	AMOUNT
METER No.		PREVIOUS		WATER CHARGE	
ACCOUNT No		CONSUMED			
		1 0000	SEWAGE DISP	OSAL CHARGE	
	Received Payme	ent			
DUE 30TH OF MONTH IN					
WHICH BILL IS RECEIVED.			ARREARS W	ATER	
			DISC. OR COLLE	CTION CHARGE	
WATER UTILITY 10% OF THE FIRST \$3.00 AND 3% OF THE BALANCE OF BILL WILL BE ADDED IF NOT PAID WHEN DUE.	NAME ADDRESS			TOTAL	l I
SEWAGE PENALTY 10% OF BILL	MUNICIPAL \	WATER & SEWA	GE UTILITIES	CHURUBUSC	O, INDIANA
Note:	The sewage of to sales tax.	disposal charge is	not subject		

ACCOUNTS RECEIVABLE CONTROL

When utility records are kept on a cash or single-entry basis, a separate control account should be carried on General Ledger Sheet, General Form No. 315, in the front of the Consumer's Ledger. This account will be debited with the total monthly billing to all customers for utility services including penalties and sales tax. This account will be credited with the total accounts receivable collections, penalties and sales tax shown by the Register of Daily Cash Receipts - Consumers.

Under normal conditions the individual active accounts of customers should at all times show debit balances and at the end of each month the individual active accounts should be added and the total so obtained checks against the balance of the control account. If any adjustments are necessary to be made either to the control or to the individual active accounts, proper explanation should be recorded in the records.

When any adjustment is made to a customer's account in order to correct an error in a previous charge or credit, a like entry should be made to the control account; debiting the control to increase the charge and crediting the control to decrease the charge in order to keep the total of the individual active accounts in agreement with the control.

After all efforts have been exhausted to effect collection of delinquent accounts, and after service has been discontinued and meter deposits applied, a list of uncollectible accounts should be submitted to the board for approval before being written off and transferred to an uncollectible accounts file. After approval has been made a matter of record the total of these accounts, including the sales tax thereon, will be credited to the control account.

The foregoing procedure for handling uncollectible accounts is not applicable to delinquent sewage disposal charges assessed by a Conservancy District, discussed on page 1-4, or to delinquent charges assessed by a Regional District, discussed on page 2-10.

When utility records are kept on an accrual or double-entry basis the Accounts Receivable account in the General Ledger serves as a control of all individual accounts in the Consumer's Ledger and the foregoing procedure would not be applicable.

REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

ASS A-E ter-Mun	icipal Sewage Utility		DE	PART	MEN	Т			МС	HTM	OF _						_ ,		-				PAG	E	_		
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GUARANTEE DEPOSIT REGISTER

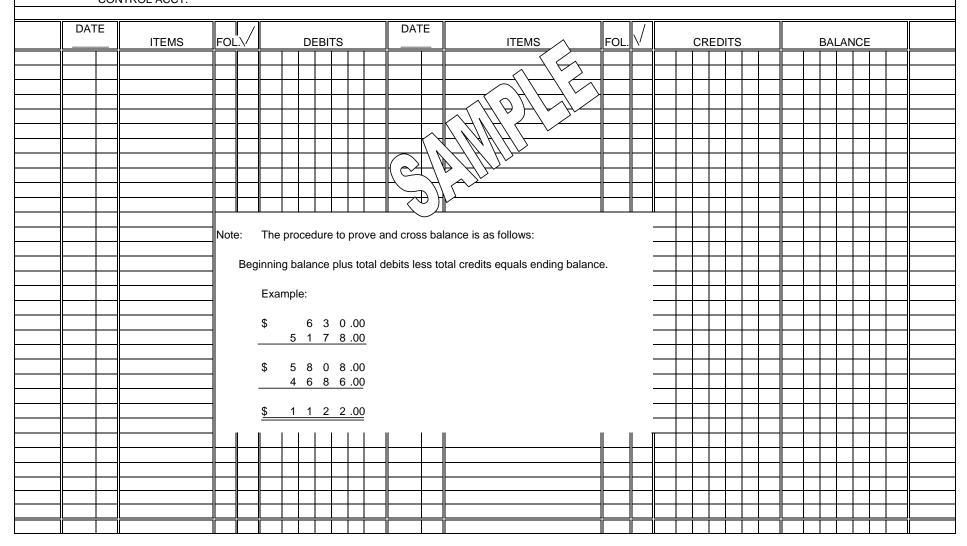
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Prescribed by State Board of Accounts

SHEET No.

CLASSIFICATION NAME OF ACCOUNT ACCOUNTS RECEIVABLE CONTROL
CONTROL ACCT.



Form 315

PAGE _____

SIMPLIFIED CASH JOURNAL WATER UTILITY - CLASS C

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CAPITAL ASSETS LEDGER

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DEPARTMENT OR BUILDING	

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